

FILED JAN 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1492

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 17	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jasper		b. CITY (If outside corporate limits, write RURAL and give township) Joplin		a. STATE Missouri		b. COUNTY Jasper	
c. LENGTH OF STAY (in this place) 12 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Joplin		d. STREET ADDRESS 2305 Penn		e. (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2305 Penn				d. STREET ADDRESS 2305 Penn			
3. NAME OF DECEASED (Type or Print)		a. (First) Washburn		b. (Middle) Swift		c. (Last) Morgan	
4. DATE OF DEATH		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
Jan. 13 1951		8. DATE OF BIRTH Jan. 6 1884		9. AGE (In years last birthday) 67		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) operated store		10b. KIND OF BUSINESS OR INDUSTRY sporting goods		11. BIRTHPLACE (State or foreign country) Lamar, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Chas. H. Morgan		13b. MOTHER'S MAIDEN NAME Clara Washburn		14. NAME OF HUSBAND OR WIFE Florence Morgan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Florence Morgan 2305 Penn, Joplin			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 hr.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-6-1951, to _____, 19____, that I last saw the deceased alive on 1-6-1951, and that death occurred at 1:15 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. H. Wilson M.D.				23b. ADDRESS 614 Francis Rd.		23c. DATE SIGNED 1-15-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1-15-51		24c. NAME OF CEMETERY OR CREMATORY Mount Hope		24d. LOCATION (City, town, or county) (State) Webb City, Missouri	
25. DATE REC'D BY LOCAL REG. 1-17-51		25. REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		25. ADDRESS Parker-Hunsaker Mortuary, Joplin, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-22-51
Jasper County Health Office
County File Number 51-1-33
Date Filed 1-22-51

FEB 21 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed

F. M. Jones

Licensed Embalmer No. 2319

P. O. Address *Jasper Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.